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JUL 11 2005

FACSIMILE COVER SHEET**TO:** Examiner: Mansour M. Said**FROM:** John D. Magluyan

RE: U.S. Application No. 09/824,748
Attorney Docket No. 03500.015284

FAX NO.: (703) 872-9306**DATE:** July 11, 2005

NO. OF PAGES: 8
(including cover page)

TIME: 5:25pm**SENT BY:** Gina Marie**MESSAGE**

Attached are the following papers for the above-identified application:

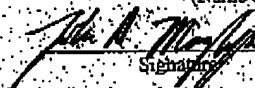
1. Amendment, and
2. Transmittal for Amendment.

I hereby certify that this correspondence is being facsimile transmitted to
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John D. Magluyan, Reg. No. 56,867
(Name of Attorney for Applicant)



July 11, 2005

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03500.015284.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:)
: Examiner: Mansour M. Said
ATSUSHI TANAKA)
: Group Art Unit: 2673
Application No.: 09/824,748)
: Filed: April 4, 2001)
: For: COORDINATE INPUT)
: APPARATUS, COORDINATE)
: INPUTTING METHOD,)
: INFORMATION DISPLAY)
: SYSTEM AND STORAGE)
: MEDIUM AND PROGRAM)
: July 11, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated May 20, 2005, please amend the
above-identified application, as follows:

I hereby certify that this correspondence is being facsimile transmitted to
the U.S. Patent and Trademark Office on:

July 11, 2005
(Date of Deposit)

John D. Magliuan, Reg. No. 56,867
(Name of Attorney for Applicant)



July 11, 2005
Date of Signature

In re Application of:

Docket No.

ATSUSHI TANAKA

03500.015284.

Application No.: 09/824,748

Examiner: Mansour M. Said

Filed: April 4, 2001

Group Art Unit: 2673

For: COORDINATE INPUT APPARATUS, COORDINATE
INPUTTING METHOD, INFORMATION DISPLAY
SYSTEM AND STORAGE MEDIUM AND PROGRAM

Date: July 11, 2005

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2	MINUS	45	= 0	x \$25 \$50	
INDEP. CLAIMS	2	MINUS	5	= 0	x \$100 \$200	
Fee for Multiple Dependent claims \$180°/\$360						\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$.00


* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


John D. Magluyan
Attorney for Applicant
Registration No.: 56,867

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Form #120

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